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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	See attached Schedule A
	Filing Date	See attached Schedule A
	First Named Inventor	
	Art Unit	
	Examiner Name	
	Attorney Docket Number	See attached Schedule A

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

23911

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

23911

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

For Daimler AG: Dr. Christian Hahner, Chief IP Counsel, Authorized Manager

Date

Telephone 0049 7031 90 60810

Signature

Name

For Daimler AG: Klaus-Peter Kocher, Senior IP Counsel, Authorized Manager

Date

Telephone 0049 711 17 58565

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

For Ford Motor Company: Louis J. Ghilardi Assistant Secretary

Date

December 17, 2008

Telephone

Signature

Name

For Ford Motor Company:

Date

Telephone

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